



Influenza Vaccine Order Form 2007-2008 Season

VFC PIN

Fax order to (801) 538-9322

Date Submitted		Clinic Name			Phone with Area Code		
Delivery Address (no PO Boxes)						<input type="checkbox"/> Check if new address	
Person Completing Order (Print)				VFC Contact Person (Print)			
						<input type="checkbox"/> Check if new VFC Contact	
All sections must be completed for your order to be processed. Orders submitted without current VFC inventories will not be accepted.							
VACCINE	ALL VFC DOSES IN INVENTORY	BRAND NAME (MANUFACTURER)	DOSES ORDERED	PACKAGING	VFC PROGRAM USE ONLY		
					Doses Filled	Doses Back Ordered	VacMan Entry Date
ALL VACCINES STORED IN THE REFRIGERATOR AT 35° - 46° F (2° - 8° C)							
Influenza Preservative Free Injectable		Fluzone-PF (Sanofi Pasteur) <i>*Ages 6-35 months only</i>		0.25 mL single dose syringes - 10 per box			
Influenza Injectable		Fluzone (Sanofi Pasteur) <i>*Ages 6 months and older</i>		5 mL 10-dose vial - 1 vial per box			
		Fluviron (Novartis) <i>*Ages 4 years and older</i>		5 mL 10-dose vial - 1 vial per box			
		Fluarix (GSK) <i>*18 years and older</i>		0.5 mL single dose syringes - 5 per box			
Influenza Preservative Free Intranasal		FluMist (MedImmune) <i>*Healthy persons 5-49 years</i>		0.2 mL single-use sprayers - 10 per box			
**Note: If the vaccine brand selected is not available orders will be filled with a vaccine brand in inventory.							

Flu Order Form 08/07

Changes in the ACIP Recommendations for Influenza

- ♦ Children 6 months through 8 years of age who received only 1 dose in their first year of vaccination should receive **2 DOSES the SECOND YEAR** they are vaccinated.
- ♦ Children 6 months through 8 years who are in the third year or more of being vaccinated and who received only 1 dose in each of their first 2 years of being vaccinated should continue receiving a single annual dose.
- ♦ Two doses of Trivalent inactivated influenza vaccine (TIV) should be separated by at least 4 weeks.
- ♦ Two doses of Live Attenuated Influenza Vaccine (LAIV) should be separated by at least 6 weeks.

Change in Storage of FluMist (LAIV)

FluMist should be stored REFRIGERATED, not frozen, at 2 - 8° C (35 - 46° F) upon receipt and remain at that temperature until the expiration date.

For more information, please refer to the MMWR June 29, 2007, Prevention and Control of Influenza; the product's package insert; contact the vaccine manufacturer; or call the Utah Immunization Program at (801) 538-9450.

Instruction for Completing the Influenza Vaccine Order Form

To ensure that your vaccine order is processed as quickly as possible, the Influenza Vaccine Order Form **must** be fully completed. Fill in all blank sections of the form. Orders submitted on outdated forms may delay the processing of your vaccine order.

Instructions:

1. Enter clinic's VFC PIN -- Use on all orders

Provider Identification Number assigned to your clinic by the Utah VFC Program.

2. Enter Date Submitted

Date clinic submits the order to the Utah VFC Program.

3. Enter Clinic Name

Name of healthcare provider enrolled as a VFC provider. Please notify the Utah VFC Program if clinic name changes.

4. Phone Number with Area Code

Number to contact you if there is a question regarding your order.

5. Specify the delivery address

To ensure vaccine is delivered to the correct address please provide us with the current vaccine delivery address.

Check the box if this is a new address.

6. Enter Name of Person Completing Order

Print clearly the person completing the order form so we may contact you if there is a question regarding your order.

7. Enter Name of VFC Contact Person

Print clearly the person responsible for the VFC Program in your clinic. Check the box if this is a new VFC Contact.

8. List current inventory of all VFC vaccines

List the **total** amount of influenza vaccine on-hand in your refrigerator/freezer for each type.

Orders submitted without influenza inventories **will not** be accepted.

Do not report inventory of privately purchased influenza vaccines.

9. Select product choice and indicate the number of vaccine doses requested

If vaccine brand selected is not available, orders will be filled with a vaccine brand in inventory.

The number of doses requested should be in multiples of 5 or 10 depending on the available packaging for that vaccine.

10. Indicate packaging preference for requested product.

When indicated, check your choice of product packaging. If you do not specify a packaging preference or the packaging is not available, the Utah VFC Program will send vaccine that is currently in inventory.

Always keep a copy for your records!

Fax the completed vaccine order form to the Utah VFC Program at (801) 538-9322

For questions regarding influenza vaccine orders, call the Utah VFC Program at (801) 538-9450.